

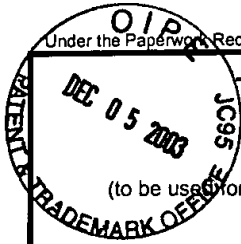
RCF/3732

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/704,299
Filing Date	November 1, 2000
First Named Inventor	Bianchi, et al.
Group Art Unit	3732
Examiner Name	Pedro Philogene
Attorney Docket Number	1915/13974US02 RTI-106R

Total Number of Pages in This Submission 19

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached – \$420.00 for Two Month Extension of Time; and \$770.00 for Fee under 37 CFR 1.17(e) <input checked="" type="checkbox"/> Petition for Extension of Time Under 37 CFR 1.136(a) – 2 months <input checked="" type="checkbox"/> Request For Continued Examination Under 37 C.F.R. §1.114 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		<div style="text-align: right;"> <b>RECEIVED</b>  <b>DEC 10 2003</b>          TECHNOLOGY CENTER 3700       </div>

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

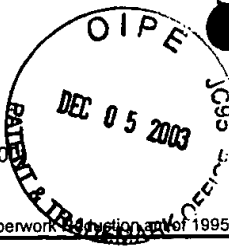
Firm or Individual Name	Donald J. Pochopien, Reg. No. 32,167 McAndrews Held & Malloy, Ltd.
Signature	<i>Donald J. Pochopien</i>
Date	December 2, 2003

## CERTIFICATE OF MAILING

"Express Mail" mailing label number \_\_\_\_\_  
 Date of Deposit: \_\_\_\_\_

Name (Print/type)	Donald J. Pochopien	Registration No. (Attorney/Agent)	32,167
Signature	<i>Donald J. Pochopien</i>	Date	12/02/03

PTO/SB/17 (11-01)



Approved for use through 10/31/2002. OMB 0651-0032  
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<b>FEE TRANSMITTAL</b> <b>for FY 2004</b> Patent Fees are subject to annual revision.	<b>Complete if Known</b>	
	Application Number	09/704,299
	Filing Date	November 1, 2000
	First Named Inventor	Bianchi, et al.
	Examiner Name	Pedro Philogene
	Group Art Unit	3732
TOTAL AMOUNT OF PAYMENT	(\$1210.00)	
	Attorney Docket No.	1915/13974US02 RTI-106R

<b>METHOD OF PAYMENT</b> 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<b>FEE CALCULATION (continued)</b> <b>3. ADDITIONAL FEES</b>																																																																																																																																																																																																																																
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SUBMITTED BY				Complete (if applicable)	
Name (Print/Type)	Donald J. Pochopien	Registration No. (Attorney or Agent)	32,167	Telephone	312-775-8133
Signature				Date	December 2, 2003

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